

## **REMARKS/ARGUMENTS**

These remarks are made in response to the Office Action of September 20, 2007 (Office Action). As this response is timely filed within the 3-month shortened statutory period, no fee is believed due. However, the Examiner is expressly authorized to charge any deficiencies to Deposit Account No. 50-0951.

### **Claims Rejections – 35 USC § 103**

In the Office Action, Claims 1-15 were rejected under 35 U.S.C. § 102(b) as being anticipated by or, in the alternative, under 35 USC 103(a) as obvious over U.S. Patent 6,988,075 to Hacker, *et al.* (hereinafter Hacker).

Although Applicants respectfully disagree with the rejections, Applicants have amended the claims so as to expedite prosecution of the present application by emphasizing certain aspects of the invention. However, such amendments should not be interpreted as the surrender of any subject matter, and Applicants expressly reserve the right to present the original version of any of the amended claims in any future divisional or continuation applications from the present application.

Applicants have amended the claims to further emphasize certain aspects of the invention. As discussed herein, the claim amendments are fully supported throughout the Specification. No new matter has been introduced by the claim amendments.

### **Aspects of the Claims**

It may be helpful to reiterate certain aspects recited in the claims prior to addressing the cited references. One aspect of the invention, as typified by amended Claim 1, is a method of permitting controlled access to medical information of a patient.

The method can include establishing a storage means for storing the medical

information of the patient; establishing a means for accessing the medical information by the patient or any other authorized user; and controlling an authorization and a scope of access to the medical information by the patient according to a role of a user accessing the medical information by modifying an access control list. The access control list lists all authorized users and their respective roles. See, e.g., Specification, paragraphs [0008] and [0023].

**The Claims Define Over The Prior Art**

The present invention allows a patient to authorize and limit access to his or her medical information on a per user basis based on the role of the user and an access control list. In contrast, Hacker limits authorization and access to broad categories (e.g., : doctors and pharmacies). For example, once the patient authorizes pharmacies, all pharmacies obtain access. Naturally, the scheme of the present invention is more discriminating and thus provides greater security. For example, as described in paragraph [0028] of the specification of the instant application, a patient can authorize a physician or physician's office. The physician or office can then assign office workers various roles that allow them to have limited access to see specific parts of the record. In other words, while Hacker limits access by the type of entity, the present invention limits access by the role of the individual user.

Hacker teaches "compensation by researchers" who have been given anonymous access to a patient record (see col. 10, lines 44-46). It is not clear described who gets compensated. However, from the context of the disclosure, it appears that it is the service provider who stores and controls access to the patient records. In the present invention, however, the patient is the party to be compensated, not the service provider (see paragraph [0033]). In other words, Hacker provides a credit bureau type of relationship where the individuals do not benefit from those mining their data. The present invention,

in direct contrast, gives full control as well as any financial benefits to the individual patient who owns the data.

The present invention addresses an access scenario that Hacker does not. This is the case when a patient goes to the doctor and once in the office, the patient provides short term access to his or her records long enough to support the visit at which point the access times out. The scenario of how a data view is expired when the physician logs into another room/appointment is described in paragraph [0026] of the specification of the instant application.

Further, the present invention teaches that each user would have their own ID and pin (see paragraphs [0019] and [0038]). In contrast, Hacker teaches that the patient has to give away his or her key in order to authorize access. The advantage for each user to have their own ID is that the system can track and notify the patient regarding who accessed the system, what was accessed and when, thereby further ensuring the security of the patient's medical information (see paragraph [0035]). It is noted that column 7, line 67, to column 8, line 3, of Hacker only discloses that the patient is provided with notification as to what information was released to emergency medical personnel, not information about all users who accessed the medical information.

The present invention further teaches assignment of access to allow for another physician to cover a patient while the primary provider is unavailable (see paragraph [0027]). The physician and/or the patient could assign and or delete this limited access assignment.

Accordingly, it is believed that Hacker does not teach or suggest every feature recited in the amended claims and in the newly-presented claims. Applicants respectfully submit, therefore, that each of the claims, including the newly-presented claims, defines over Hacker.

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### **CONCLUSION**

Applicants believe that this application is now in full condition for allowance, which action is respectfully requested. Applicants request that the Examiner call the undersigned if clarification is needed on any matter within this Amendment, or if the Examiner believes a telephone interview would expedite the prosecution of the subject application to completion.

Respectfully submitted,

AKERMAN SENTERFITT

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Gregory A. Nelson, Registration No. 30,577  
Richard A. Hinson, Registration No. 47,652  
Yonghong Chen, Registration No. 56,150  
Customer No. 40987  
Post Office Box 3188  
West Palm Beach, FL 33402-3188  
Telephone: (561) 653-5000